

Parcel Owner Phone

#### VILLAGE OF DOBBS FERRY

**Building Department** 112 Main Street, Dobbs Ferry, NY 10522 Phone: (914) 231-8509 | Fax: (914) 693-3470

#### **Ed Manley Building Inspector**

## RECEIVED

APR 2 3 2021

Village of Dobbs Ferry Building Department

Permit A	4ppli	icati	on
----------	-------	-------	----

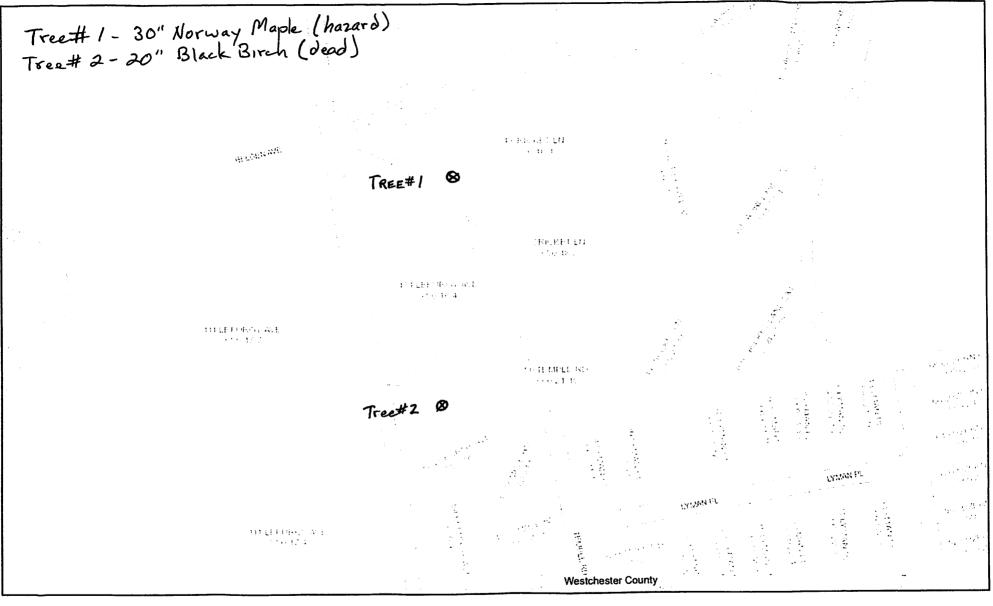
Application	on Number_AT2021-0051		Date 04/26/2021			
Job Locat	tion_134 LEFURGYAVE	Lot # 3.50-18-4				
Owner:	MARK KKOIDE TRUSTEE 134 LEFURGYAVE DOBBS FERRY, NY 10522	Applicant:	jonathan hale PO Box 244 Mount Kisco, NY 10549 (914)666-6300 jhale135@gmail.com			
Application Type: Tree Removal Estimated Cost of Construction: \$						
Description of Work: Removal of (1) 20" dbh dead Black Birch and (1) hazardous 30" dbh Norway Maple						
Earm O	uestions					
roim Q	uestions:					
Applica	tion Parcel Owner Contact:					
Parcel Ov	vner Email	markkoide@	Paol.com			

908 887-4082

AFFIDAVIT OF APPLICANT  1 Michael Gall being duly sworm, depose and says: That s/he does business as:  103 Kister frame III. Kisto NY 10549 and that s/he is  The owner of the property described herein.
The owner of the property described herein.  The less destribed the New York Corporation Hickory + 16718 (and figure these, last the Kisco, NY 103 Y9)  July authorized by resolution of the Bourd of Directors, and these
said corporation is duly authorized by the owner to make this application
A general partner of with offices and that said  Partnership is duly authorized by the Owner to make this application.  The Lessee of the premises, duly authorized by the owner to make this application.  The Architect of Engineer duly authorized by the owner to make this application.  The contractor authorized by the owner to make this application.
That the information contained in this application and on the accompanying drawings is true to the best of his knowledge and belief. The undersigned hereby agrees to comply with all the requirements of the New York State Uniform Fire Prevention and Building Code, the Village of Dobbs Ferry Building Code, Zoning Ordinance and all other laws pertaining to same, in the construction applied for, whether of not shown on plans or specify in this application.
Swom to before me this 2ct day of April of 2c2 1
Notary Public / Commission of Deeds Applicant's Signature Michael Jalk
OWNER'S AUTHORIZATION  A MALLEUM Cas the owner of the subject premises and have authorized the contractor named above to perform the work under the subject application.
Owner phone number 908 887-4082 .Owner email address markkoidelanon.com
i hereby acknowledge that it is my responsibility as the property owner to ensure that if the permit (if issued) receives a Final Certificate of Approval from the Building Department and further that if a Final Certificate of Approval is not obtained upon completion of the construction, a property violation may be placed on the property for such this permit is being requested.
Sworm to before me this 17. day of April of 203:
Askong Tay Marting
Notary Public / Commission of Deeds Applicant's Signature
ASHLEY N TAYLOR Notary Public - State of New Jersey My Commission Expires Jul 29, 2025

,
AFFIDAVIT OF APPLICANT  1 Michael Coll being duly sworn, depose and says: That s/hc does business as:    With offices at   With offices at   With offices at   The owner of the property described herein.
1 16 Misco frame 114. Kisso My 105 16 and that whe is
The owner of the property described herein.  The little of the New York Corporation Hickory Hornes and I for extress Little Kisco, NY 103 Y9  July authorized by resolution of the Board of Directors, and that
said corporation is duly authorized by the owner to make this application
A general partner of with offices and that said  Partnership is duly authorized by the Owner to make this application.  The Lessee of the premises, duly authorized by the owner to make this application.  The Architect of Engineer duly authorized by the owner to make this application.  The contractor authorized by the owner to make this application.
That the information contained in this application and on the accompanying drawings is true to the best of his knowledge and belief. The undersigned hereby agrees to comply with all the requirements of the New York State Uniform Fire Prevention and Building Code, the Village of Dobbs Ferry Building Code, Zoning Ordinance and all other laws pertaining to same, in the construction applied for whether or not shown on plans or specify in this application.
Swom to before me this 22th day of April of 2021
Notary Public / Commission of Deeds Applicant's Signature Michael Jalle
OWNER'S AUTHORIZATION
is ANGULO INC as the owner of the subject premises and have authorized the contractor named above to perform the work under the subject application.
Owner phone number 908 887-4082 .Owner email address markkoide/anoi.com
i hereby acknowledge that it is my responsibility as the property owner to ensure that if the permit (if issued) receives a Final Certificate of Approval from the Building Department and further that if a Final Certificate of Approval is not obtained upon completion of the construction, a property violation may be placed on the property for such this permit is being requested.
Sworm to before me this 17 day of April of 203
Asking Tay Mulling
Notary Public / Commission of Deeds Applicant's Signature
ASHLEY N TAYLOR  Notary Public - State of New Jersey My Commission Expires Jul 29, 2025

### 134 LEFURGY AVE. ID: 3.50-18-4 (Dobbs Ferry)

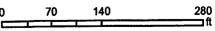


April 21, 2021

Tax parcel data was provided by local municipality. This map is generated as a public service to Westchester County residents for general information and planning purposes only, and should not be relied upon as a sole informational source. The County of Westchester hereby disclaims any liability from the use of this GIS mapping system by any person or entity. Tax parcel boundaries represent approximate property line location and should NOT be interpreted as or used in lieu of a survey or property boundary description. Property descriptions must be obtained from surveys or deeds. For more information please contact local municipality assessor's office.

1:1,500

Å



#### **Westchester County GIS**

http://giswww.westchestergov.com Michaelian Office Building 148 Martine Avenue Rm 214 White Plains. New York 10601

134 LEFURGY AVE. ID: 3.50-18-4 (Dobbs Ferry )

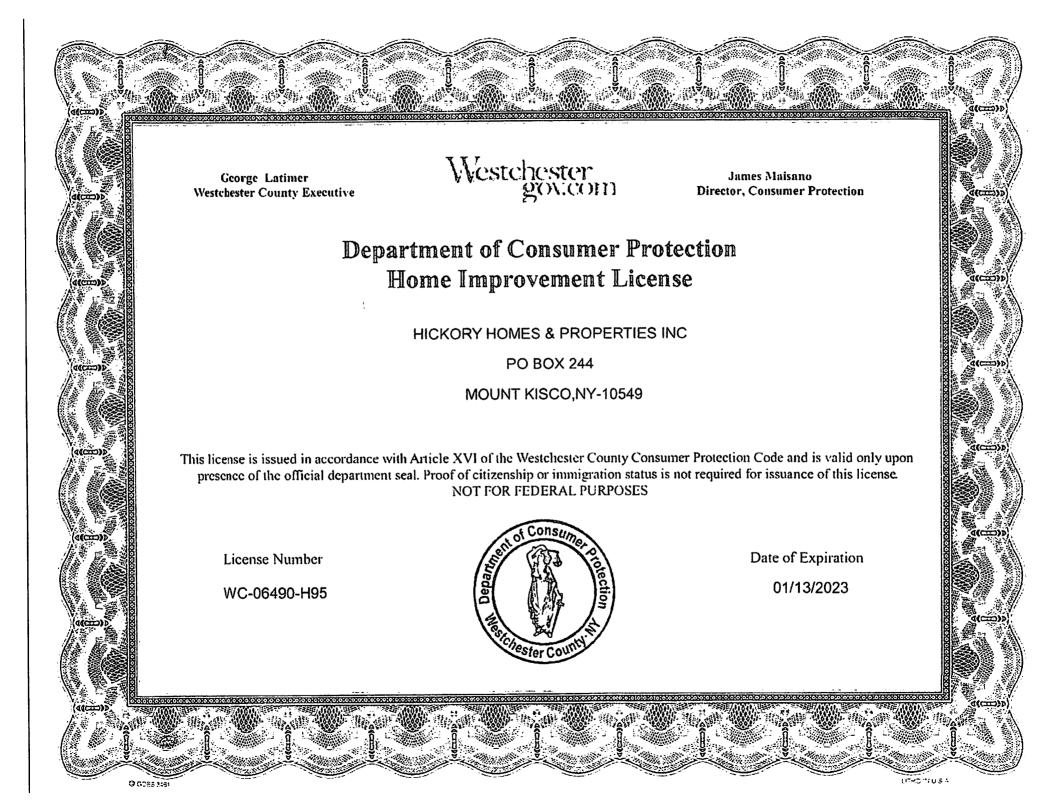
Tree# 1- 30" Norway Maple (hazard)
Tree# 2-20" Black Birch (dead) A COLOR WIT 41 (2) Expense 34 (4) TREE# 1 Ø 10 500 00 100 12 22 22 23 . ;; Westchester County 1.3 P. 26 P. S. A. T. 70 CATTAIN 6. 140 

April 21, 2021

Tax parcel data was provided by tocal municipality. This map is generated as a public service to Westchester County residents for general information and planning purposes only, and should not be relied upon as a sole informational source. The County of Westchester hereby disclaims any liability from the use of this GIS mapping system by any person or entity. Tax parcel boundaries represent approximate property line location and should NOT be interpreted as or used in fleu of a survey or property boundary description. Property descriptions must be obtained from surveys or deeds. For more information please contact local municipality assessor's office.

Westchester County GIS http://giswww.westchestergov.com Michaellan Office Building

148 Martine Avenue Rm 214 White Plains, New York 10601





DATE (MM/DD/YYYY) 4/22/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT Janice Caldararo PRODUCER John M. Glover Agency PHONE (A/C, No, Ext): 914-829-9077 FAX (A/C, No): 203-274-9471 Insurance Services 45 Knollwood Road ADDRESS: jcaldararo@johnmglover.com Elmsford NY 10523 INSURER(S) AFFORDING COVERAGE NAIC# License#: PC-904790 INSURER A: Continental Indemnity Company 28258 HICKHOM-01 INSURED INSURER B: Hickory Homes & Properties Inc. INSURER C: PO Box 244 Mount Kisco NY 10549 **INSURER D:** INSURER E INSURER F COVERAGES **CERTIFICATE NUMBER: 1480242298 REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR INSR LTR TYPE OF INSURANCE **POLICY NUMBER** LIMITS COMMERCIAL GENERAL LIABILITY **EACH OCCURRENCE** DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE OCCUR MED EXP (Any one person) \$ PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: **GENERAL AGGREGATE** PRO-JECT POLICY PRODUCTS - COMP/OP AGG 8 OTHER: COMBINED SINGLE LIMIT **AUTOMOBILE LIABILITY** ANY AUTO **BODILY INJURY (Per person)** OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED BODILY INJURY (Per accident) 8 AUTOS NON-OWNED AUTOS ONLY PROPERTY DAMAGE (Per accident) \$ \$ UMBRELLA LIAB OCCUR **EACH OCCURRENCE** 2 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ WORKERS COMPENSATION 46-357540-01-04 4/1/2021 4/1/2022 STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$1,000,000 N/A (Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CANCELLATION **CERTIFICATE HOLDER** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Village of Dobbs Ferry 112 Main Street AUTHORIZED REPRESENTATIVE Dobbs Ferry, NY 10522



DATE (MM/DD/YYYY) 04/22/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED

RE	REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.										
IMI	ORTANT: If the certificate holder is	an AD	DITIO	ONAL INSURED, the policy	y(les) m	rust have AD	DITIONAL IN	SURED provision	ons or be	endor	sed.
if SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on								on			
thi	s certificate does not confer rights to	the c	ertific	cate holder in lieu of such	endors						
PROD					CONTACT Sonia Lewis						
Mars	hall & Sterling, Inc.				PHONE (A/C, No E-MAIL	Ext): (845) 34			FAX (A/C, No):	(845)	343-9157
420 E	. Main Street			ļ	E-MAIL ADDRES	s: slewis@m	arshallsterling.	com			
								DING COVERAGE			NAIC#
Midd	etown			NY 10940	INSURE	RA: Michigan	Millers Mutual				14500
INSUR					INSURE	RB:					
	Hickory Homes & Properties Inc	;			INSURE	RC:					
P.O. Box 244			INSURER D:								
					INSURE	RE:					
	Mount Kisco			NY 10549	INSURE	RF:			·		
cov	ERAGES CER	TIFIC	ATE I	NUMBER: CL212109578				REVISION NUM			
TH	S IS TO CERTIFY THAT THE POLICIES OF	NSUR	ANCE	LISTED BELOW HAVE BEEN	ISSUED	TO THE INSUF	RED NAMED A	SOVE FOR THE PO	LICY PERI	OD	
INE	ICATED. NOTWITHSTANDING ANY REQUIRED OR MAY BE ISSUED OR MAY PERT	REME	NT, TE	ERM OR CONDITION OF ANY ( SURANCE AFFORDED BY THE	POLICI	ES DESCRIBE	DOCUMENT V DHEREIN IS SI	JBJECT TO ALL TH	, which II IE TERMS.	110	
EX	CLUSIONS AND CONDITIONS OF SUCH PO	LICIE	s. Lim	ITS SHOWN MAY HAVE BEEN	REDUC	ED BY PAID CL	.aims.				
NSR LTR	TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC		s 1,00	
	CLAIMS-MADE X OCCUR	1						DAMAGE TO RENTE PREMISES (Ea occu	Trence)	s 100	,000
ŀ	- Johnson Park						1	MED EXP (Any one p		\$ 5,00	00
A		Y		C053649301		01/09/2021	01/09/2022	PERSONAL & ADV II		\$ 1,000,000	
- 1	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	ATE		00,000
ŀ	POLICY PRO-							PRODUCTS - COMP		3 000 000	
}								Professional Lial		\$ 1,00	00,000
	OTHER: AUTOMOBILE LIABILITY	<del>                                     </del>	l					COMBINED SINGLE (Ea accident)	LIMIT	\$ 1,00	000,000
ANY AUTO OWNED SCHEDULED								BODILY INJURY (Pe	r person)	S	
		1	V051084401			01/09/2021	01/09/2022	BODILY INJURY (Pe	r accident)	cident) \$	
^ }	AUTOS ONLY AUTOS NON-OWNED						PROPERTY DAMAG (Per sccident)	E	s		
ŀ	AUTOS ONLY AUTOS ONLY	1		1						\$	
	WINBRELLA LIAB X OCCUR	+						EACH OCCURRENC	DE	\$ 2,00	000,000
ا	A		1	C053649301		01/09/2021	01/09/2022	EACH OCCURRENCE 3		s 2,00	00,000
^	10000	1	1							\$	
_	DED RETENTION \$ 10,000 WORKERS COMPENSATION	$\vdash$	├					PER STATUTE	OTH- ER	<del>-</del>	
	AND EMPLOYERS' LIABILITY Y/N		1			<u> </u>		E.L. EACH ACCIDEN		8	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA		\$	
	(Mandatory in NH) If yes, describe under	1				]		E.L. DISEASE - POL		s	
	DÉSCRIPTION OF OPERATIONS below	+-	├							-	
		1		]		[					
			1								
لــــا	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	E0 (6)	L COPP	101 Additional Remarks Schodule	may be a	ttached if more s	pace is required)	<u> </u>		<u> </u>	<del></del>
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL ge of Dobbs Ferry is an additional insured	ES (A)	irod h	ivi, Additional Remarks sciedulo,	ement n	umber CG107	BN 0114.				
Villa	ge of Dobbs Herry is an additional insured	ıı requ	nea D	y willen contract, per endors	omoni II						
CERTIFICATE HOLDER CANCELLATION											
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE											
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN											
Village of Dobbs Ferry			ACCORDANCE WITH THE POLICY PROVISIONS.								
112 Main Street  AUTHORIZED REPRESENTATIVE											
1											•
l	Dobbs Ferry NY 10522 W 10522										
L							@ 1099-2016	ACORD CORPO			ohts reserved



## CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave	Renefits Carrier or Licensed Insurance Agent of that Carrier				
1a. Legal Name & Address of Insured (use street address only) HICKORY HOMES & PROPERTIES INC.	1b. Business Telephone Number of Insured 914-666-6300				
PO BOX 244 MOUNT KISCO, NY 10549  Work Location of Insured (Only required if coverage is specifically limited to	Federal Employer Identification Number of Insured or Social Security Number				
certain locations in New York State, i.e., Wrap-Up Policy)	133392876				
2. Name and Address of Entity Requesting Proof of Coverage	3a. Name of Insurance Carrier				
(Entity Being Listed as the Certificate Holder)	ShelterPoint Life Insurance Company				
Village of Dobbs Ferry	3b. Policy Number of Entity Listed in Box "1a"				
112 Main Street	DBL473817				
Dobbs Ferry, NY 10522	7.5 (5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5				
	3c. Policy effective period				
	10/09/2020 to10/08/2022				
A. Both disability and paid family leave benefits.  B. Disability benefits only.  C. Paid family leave benefits only.  5. Policy covers:  A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.  B. Only the following class or classes of employer's employees:  Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named					
insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.					
Date Signed 8y	Control O, Unit				
A CONT. AND CONTROL OF A CONTRO	e carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)				
Telephone Number 516-829-8100 Name and Title	Richard White, Chief Executive Officer				
IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.					
If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.					
PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)					
State of New York  Workers' Compensation Board  According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.					
Date Signed By	(Signature of Authorized NYS Workers' Compensation Board Employee)				
Telephone Number Name and Title					

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.





## CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be co	ompleted by Disability and Pai	id Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier			
1a. Legal Name & A	Address of Insured (use street addres S & PROPERTIES INC.				
PO BOX 244 MOUNT KISCO, N		1c. Federal Employer Identification Number of Insured     or Social Security Number			
Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)  133392876					
(Entity Being List	ess of Entity Requesting Proof of Cove ted as the Certificate Holder)	verage 3a. Name of Insurance Carrier ShelterPoint Life Insurance Company			
Village of Do 112 Main Stree	<u> </u>	3b. Policy Number of Entity Listed in Box "1a"			
Dobbs Ferry, N		DBL473817			
Dobbs Felly, N	1 10022	3c. Policy effective period			
		10/09/2020 to 10/08/2022			
B. Disability benefits only.  C. Paid family leave benefits only.  5. Policy covers:  A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.  B. Only the following class or classes of employer's employees:  Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.  Date Signed  4/22/2021  By  (Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)					
Telephone Number		Name and Title Richard White, Chief Executive Officer			
IMPORTANT:  If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.  If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation					
Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.					
PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)					
State of New York  Workers' Compensation Board  According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.					
Date Signed	By	(Signature of Authorized NYS Workers' Compensation Board Employee)			
Telephone Number	r !	Name and Title			

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.

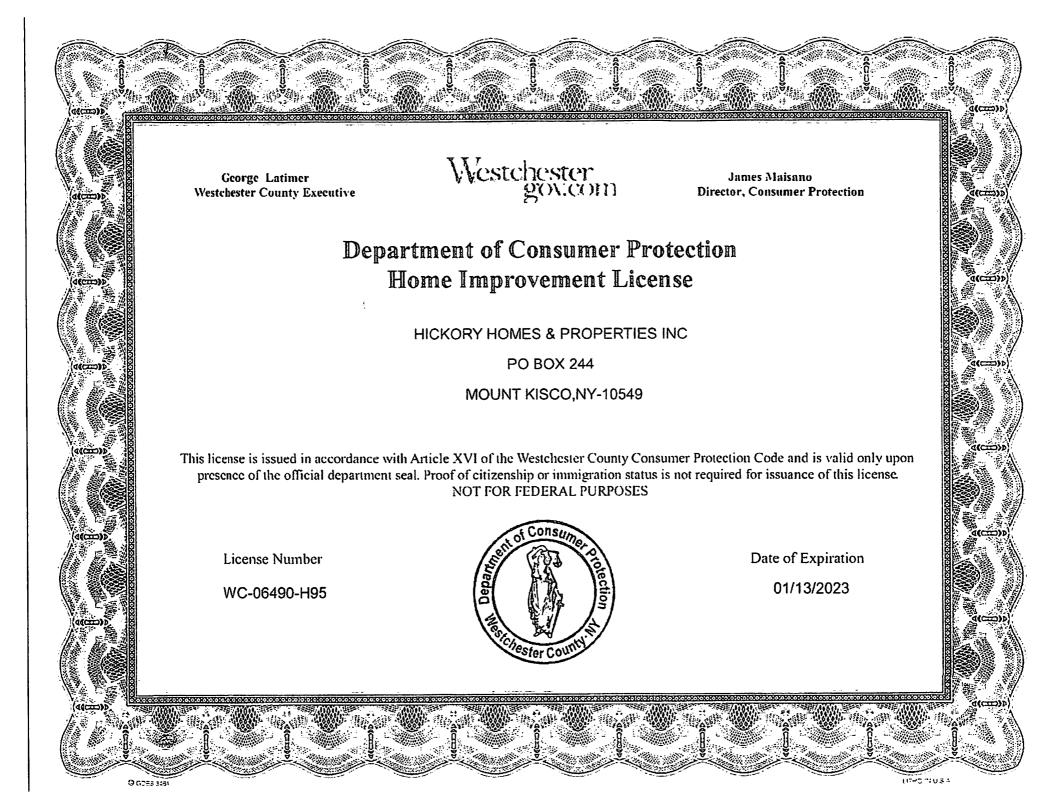




DATE (MM/DD/YYYY) 04/22/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: Sonia Lewis PRODUCER (845) 343-2138 (845) 343-9157 PHONE FAX (A/C, No): Marshall & Sterling, Inc. (A/C, No. Ext): E-MAIL ADDRESS: S slewis@marshallsterling.com 420 E. Main Street INSURER(8) AFFORDING COVERAGE NAIC # Michigan Millers Mutual NY 10940 14500 Middletown INSURER A : INSURED INSURER B: Hickory Homes & Properties Inc INSURER C : P.O. Box 244 INSURER D INSURER E : NY 10549 Mount Kisco INSURER F: CL2121095782 **REVISION NUMBER: CERTIFICATE NUMBER:** COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) ADDL SUBR TYPE OF INSURANCE **POLICY NUMBER** LTR 1,000,000 COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED 100,000 CLAIMS-MADE X OCCUR PREMISES (Ea occurrence) 5,000 MED EXP (Any one person) 01/09/2021 01/09/2022 1,000,000 Y C053649301 Α PERSONAL & ADV INJURY 2,000,000 **GENERAL AGGREGATE** GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 POLICY PRO-PRODUCTS - COMP/OP AGG s 1,000,000 Professional Liability OTHER: COMBINED SINGLE LIMIT \$ 1,000,000 AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO SCHEDULED AUTOS NON-OWNED AUTOS ONLY 01/09/2022 BODILY INJURY (Per accident) s OWNED AUTOS ONLY V051084401 01/09/2021 PROPERTY DAMAGE (Per accident) \$ HIRED AUTOS ONLY 2,000,000 UMBRELLA LIAB **EACH OCCURRENCE OCCUR** 01/09/2022 2.000,000 01/09/2021 C053649301 FYCESS LIAB AGGREGATE CLAIMS-MADE DED RETENTION \$ 10,000
WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY F.L. FACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N/A E.L. DISEASE - EA EMPLOYEE if yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Village of Dobbs Ferry is an additional insured if required by written contract, per endorsement number CG1078N 0114. CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Village of Dobbs Ferry 112 Main Street **AUTHORIZED REPRESENTATIVE** NY 10522 **Dobbs Ferry** 





DATE (MM/DD/YYYY)

4/22/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT Janice Caldararo PRODUCER John M. Glover Agency FAX (A/C, No): 203-274-9471 PHONE (A/C, No. Ext): 914-829-9077 E-MAIL Insurance Services E-MAIL ADDRESS: jcaldararo@johnmglover.com 45 Knollwood Road Elmsford NY 10523 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Continental Indemnity Company 28258 License#: PC-904790 INSURED HICKHOM-01 INSURER B: Hickory Homes & Properties Inc. INSURER C: PO Box 244 Mount Kisco NY 10549 INSURER D : INSURER E INSURER F: **COVERAGES CERTIFICATE NUMBER: 1480242298 REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE LIMITS POLICY NUMBER COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED S CLAIMS-MADE OCCUR PREMISES (Ea occurrence) 2 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GEN'L AGGREGATE LIMIT APPLIES PER: **GENERAL AGGREGATE** s PRO-JECT POLICY PRODUCTS - COMP/OP AGG s \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY \$ ANY ALITO **BODILY INJURY (Per person)** \$ OWNED AUTOS ONLY HIRED SCHEDULED **BODILY INJURY (Per accident)** \$ AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) s AUTOS ONLY AUTOS ONLY \$ UMBRELLA LIAB \$ OCCUR **EACH OCCURRENCE EXCESS LIAB** CLAIMS-MADE **AGGREGATE** s DED • RETENTION \$ **WORKERS COMPENSATION** 4/1/2022 X PER STATUTE 46-357540-01-04 4/1/2021 AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT \$1,000,000 ANYPROPRIETOR/PARTNER/EXECUTIVE N/A OFFICER/MEMBER EXCLUDED? (Mandatory In NH) E.L. DISEASE - EA EMPLOYEE \$1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) **CANCELLATION CERTIFICATE HOLDER** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Village of Dobbs Ferry 112 Main Street AUTHORIZED REPRESENTATIVE Dobbs Ferry, NY 10522